

ADHS Immunization Data Report: Due by November 15, 2007

Childcare, Preschool, Pre-K and Head Start
Form 108

List only children born on or after October 1, 2002 on this form. Do not include enrolled children born before October 1, 2002.

Name of Child Care Center	License Number	Phone				
		Fax				
Mailing Address, City & Zip	County	Director or Contact Person				
	0-17 months	Official Use Only		18-60 months	Official Use Only	
1. Attendance						
2. Immunization Records on File						
3. DTaP/DTP/DT 4+ (doses)						
3						
2						
1						
0						
TOTAL (EQUALS ATTENDANCE)						
4. OPV/IPV 3+ (doses)						
2						
1						
0						
TOTAL (EQUALS ATTENDANCE)						
5. MMR 2 (doses)						
1						
0						
TOTAL (EQUALS ATTENDANCE)						
6. Hib 4 (doses)						
3						
2						
1						
0						
TOTAL (EQUALS ATTENDANCE)						
7. PCV7 4 (doses)						
3						
2						
1						
0						
TOTAL (EQUALS ATTENDANCE)						
8. Hep A 2 (doses)						
1						
0						
TOTAL (EQUALS ATTENDANCE)						
9. Hep B 3+ (doses)						
2						
1						
0						
TOTAL (EQUALS ATTENDANCE)						
10. Varicella 1 (dose)						
How many children have history of chicken pox disease?						
How many children have no history of chicken pox disease and no doses of varicella vaccine?						
TOTAL (EQUALS ATTENDANCE)						
11. Religious Exemption						
12. Medical Exemption						
13. Laboratory Evidence of Immunity						

For Official Use Only. Do not write in this space.